

Dependent Verification

When adding dependents during the annual enrollment period, including dependent children up to age 26, you will receive a letter from the Flexible Benefits Program in the mail requesting proof of eligibility. You will have a 30-day period from the date of the letter to submit the requested documentation. If documentation is not submitted within the specified timeframe, your dependent(s) will be dropped and their coverage terminated.

Please refer to www.gabreeze.ga.gov to review the Summary Plan Descriptions for requirements of dependent eligibility and what constitutes a dependent child. Also, as a reminder, the State Health Benefit Plan operates independent of the Flexible Benefits Program and you may receive a separate request for similar documentation related to health plan verification.

Specified Illness Plan

NEW FOR PLAN YEAR 2011!

Employees may enroll up to \$30,000 of coverage and spouses up to \$10,000 of coverage with no health questions asked!

State Personnel Administration
2 M. L. King, Jr. Drive, SE
Suite 1920, West Tower
Atlanta, GA 30334

What's New Plan Year 2011



**Get Ready!
Get Set!
Get Informed!**

**Your 2011 State of Georgia
Flexible Benefits**

Hyatt Legal Plan

The State of Georgia Personnel Administration is pleased to announce a new legal plan provider, Hyatt Legal Plans, a MetLife® Company. Hyatt Legal Plans, the nation's largest group legal plan provider, acquired Allstate's group legal plans business, known as "Signature LegalCare" effective July 1, 2010. With this acquisition, your legal plan provider changed but your coverage will remain the same for the 2011 plan year.

The legal Plan provides you with access to a nationwide network of more than 11,000 plan attorneys, with an average of 22 years of experience. You also have the flexibility to use an attorney who is part of the plan or one who is not part of the Plan. When using a non plan attorney, you'll be reimbursed for covered services according to a set fee schedule.

For more details call 1-800-821-6400, Monday through Friday from 8 a.m. to 7 p.m. (Eastern Time) or visit the Hyatt Legal Plans' website at www.legalplans.com. Your passwords are as listed below:

<u>Select Plan</u>	<u>Select Plus Plan</u>
7600001 - Employee only	7620001 - Employee only
7610001 - Employee w/Dependents	7630001 - Employee w/Dependents

OptumHealth Vision Plans

OptumHealth Vision is pleased to announce two new enhancements to the State of Georgia Vision Plan for 2011.

OptumHealth Vision is replacing the \$50 wholesale allowance for Private Practice Providers. It will be replaced with a \$130 Retail Allowance. By moving to a retail frame allowance, we put control of the member's eyeglass purchase in their hands. Members will know exactly how much they have to spend and will be better able to understand their benefit rather than being dependent on the provider to tell them if something is covered or not.

This allows the member freedom of choice between a Retail provider and a Private Practice provider since the frame allowance will now be the same for both.

OptumHealth Vision will now provide online ID Cards for members. Simply go to the OptumHealth Vision website www.myoptumhealthvision.com, log in as a member and you can print an ID card for you or a family member. To print an ID Card for a family member, log in with your identification number, enter the dependents last name and Date of Birth, the card will print with their name on it. You can print as many cards as you like.

Health Care and Dependent Care Spending Accounts

Over-the-Counter Expense Limitations:

Effective January 1, 2011, many over-the-counter (OTC) medicines and drugs will no longer be eligible for reimbursement from your HCSA without a prescription. Non-medicinal items such as band-aids, ace bandages, and contact lens solution will continue to be eligible for reimbursement. Any OTC item purchased January 1, 2011 or after that is "prescription-required" will follow the new OTC guidelines, even if you are still using your 2010 FSA funds.

Debit Card Usage for OTC Claims:

Beginning January 1, you will not be able to purchase any of the "prescription-required" OTC items with your debit card. Instead, you can submit a reimbursement request manually with documentation showing the OTC item was prescribed.

Dependent Eligibility through Age 26:

For the 2011 plan year, the expansion of health plan eligibility includes adult dependents up to age 26, even if the child is married, irrespective to who the child resides with, or is financially dependent on. The tax exclusion under your health or any of our other benefits does not extend to the spouse of an adult dependent.